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PATENT APPLICATION FEE DETERMINATION RECORD  Application of information undess it displays a valid OMB control number  Application or Docket Number														B control number.		
Substitute for Form PTO-875														Application or Docket Number		
APPLICATION AS FILED - PART I OTHER THA														D THAN		
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(37 CFR 1.18(a), (b), or (c))							-					1	14.12.67	1 ''		
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EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))								1				1		<del> </del>		
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(37 CFR 1.16(a))			additiona	1 50 she	ets or	fraction th	rereof.	See							Ì	
35 U.S.C. 41(a)(1)(G) and 37 CFR 1.18(s).  MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(D))														<del> </del>		
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* If the difference in column 1 is less than zero, enter "O" in column 2.													TOTAL			
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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(0))											OR					
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If the entry in column 1 is less than the entry in column 2, write "0" in column 3.												OR	ADD'L FEE	50,00		
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	The "Fighest Nu	mber P	reviously Pa	id For (1	otal or	Independe	nt) is th	en 3, en e highe:	ter". It nu	s. mber found	in th	e appropriate	box in c	olumn 1		

Under the Paperwork Reduction Act of 1995, no no

This collection of Information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.